LINCOLN VILLAGE CONVALESCENT CENTER

1700 C A BECKER DRIVE

I TOO O II DEGILEIK	211212			
RACINE	53406 Phone: (262) 637-9753	1	Ownership:	Nonprofit Church/Corporation
Operated from	1/1 To 12/31 Days of Operation	: 365	Highest Level License:	Skilled
Operate in Conj	unction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds :	Set Up and Staffed (12/31/03):	122	Title 18 (Medicare) Certified?	Yes
Total Licensed I	Bed Capacity (12/31/03):	122	Title 19 (Medicaid) Certified?	Yes
Number of Reside	ents on 12/31/03:	118	Average Daily Census:	113

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents	(12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	~ 용 ~	. 5	용		24.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.4	More Than 4 Years	17.8
Day Services Respite Care	No No	Mental Illness (Org./Psy) Mental Illness (Other)	26.3 2.5	•	7.6 30.5	•	78.8
Adult Day Care	No	·	0.0	•	45.8	***********	*****
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemiplegic Cancer	0.8	95 & Over	12.7		dents
Home Delivered Meals	No	Fractures	0.0		100.0		dents
Other Meals	No	Cardiovascular		65 & Over			
Transportation Referral Service	No No	Cerebrovascular Diabetes	13.6	 Gender	%	RNs LPNs	9.4 7.6
Other Services	No	Respiratory		i		Nursing Assistants,	
Provide Day Programming for Mentally Ill	No	Other Medical Conditions	38.1	•	23.7 76.3	· ·	39.7
Provide Day Programming for	INO	 	100.0	•		 	
Developmentally Disabled	No		++++++		100.0		. + + + + + + +

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care			Managed Care							
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	용	Per Diem (\$)	No.	୍ବ	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	19	100.0	204	77	92.8	111	0	0.0	0	16	100.0	187	0	0.0	0	0	0.0	0	112	94.9
Intermediate				6	7.2	92	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	6	5.1
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	_	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	19	100.0		83	100.0		0	0.0		16	100.0		0	0.0		0	0.0		118	100.0

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LINCOLN VILLAGE CONVALESCENT CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	cions, Services, an	d Activities as of	12/31/03
Deaths During Reporting Period		 Total					
Percent Admissions from:		 Activities of	%		% Needing ssistance of	% Totally	
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	1.7		84.7	13.6	118
Other Nursing Homes	3.9	Dressing	2.5		85.6	11.9	118
Acute Care Hospitals	94.2	Transferring	5.1		80.5	14.4	118
Psych. HospMR/DD Facilities	0.0	Toilet Use	5.1		80.5	14.4	118
Rehabilitation Hospitals	0.0	Eating	72.9		18.6	8.5	118
Other Locations	0.3	******	******	*****	******	****	****
otal Number of Admissions	311	Continence		용	Special Treatmen	its	용
ercent Discharges To:		Indwelling Or Extern	nal Catheter	5.9	Receiving Resp	iratory Care	14.4
Private Home/No Home Health	52.8	Occ/Freg. Incontiner	nt of Bladder	17.8	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	21.2	Receiving Suct	ioning	0.0
Other Nursing Homes	3.0				Receiving Osto	my Care	3.4
Acute Care Hospitals	16.1	Mobility			Receiving Tube	: Feeding	3.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.8	Receiving Mech	anically Altered D	iets 11.0
Rehabilitation Hospitals	0.0	1			_	_	
Other Locations	10.7	Skin Care			Other Resident C	haracteristics	
Deaths	17.4	With Pressure Sores		2.5	Have Advance D	irectives	68.6
otal Number of Discharges		With Rashes		2.5	Medications		
(Including Deaths)	299				Receiving Psvo	hoactive Drugs	55.1

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	*****	****	*****	*****	*****	*****	*****	*****	*****
		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Nonprofit		100	-199	Ski	lled	Al	1
	Facility	Peer	Peer Group		Group	Peer Group		Faci	lities
	%	% % Ratio		% Ratio		%	Ratio	8	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	92.0	1.01	87.6	1.06	88.1	1.05	87.4	1.06
Current Residents from In-County	97.5	85.9	1.13	83.0	1.17	82.1	1.19	76.7	1.27
Admissions from In-County, Still Residing	17.0	22.1	0.77	19.7	0.87	20.1	0.85	19.6	0.87
Admissions/Average Daily Census	275.2	138.9	1.98	167.5	1.64	155.7	1.77	141.3	1.95
Discharges/Average Daily Census	264.6	139.5	1.90	166.1	1.59	155.1	1.71	142.5	1.86
Discharges To Private Residence/Average Daily Census	139.8	64.3	2.17	72.1	1.94	68.7	2.04	61.6	2.27
Residents Receiving Skilled Care	94.9	96.1	0.99	94.9	1.00	94.0	1.01	88.1	1.08
Residents Aged 65 and Older	96.6	96.4	1.00	91.4	1.06	92.0	1.05	87.8	1.10
Title 19 (Medicaid) Funded Residents	70.3	55.4	1.27	62.7	1.12	61.7	1.14	65.9	1.07
Private Pay Funded Residents	13.6	32.6	0.42	21.5	0.63	23.7	0.57	21.0	0.65
Developmentally Disabled Residents	0.0	0.6	0.00	0.8	0.00	1.1	0.00	6.5	0.00
Mentally Ill Residents	28.8	36.2	0.80	36.1	0.80	35.8	0.80	33.6	0.86
General Medical Service Residents	38.1	24.3	1.57	22.8	1.67	23.1	1.65	20.6	1.86
Impaired ADL (Mean)	47.8	50.5	0.95	50.0	0.96	49.5	0.96	49.4	0.97
Psychological Problems	55.1	58.5	0.94	56.8	0.97	58.2	0.95	57.4	0.96
Nursing Care Required (Mean)	4.7	6.8	0.68	7.1	0.66	6.9	0.67	7.3	0.64